

Name in Full

Certificate of Death

Died at

Date 189

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Occupation

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 85089

Mary Magdaline Bissett

Great Falls

County

Montgomery

Month Sept Day 28

Y. 1898

Native of Montgomery

Age 1

Male

White

Married

Widow

Single

Female

Colored

Single

Widow

Number of children living

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

J. E. Bissett

Mother's

Name

M. E. Bissett

Primary

Immediate

Congestive Chill

19

Half hour

W. J. Pratt, M.D.

Potomac

Md.



Hattie Brown

Town

County

Died at

Brown

Montgomery

MARYLAND

Date 189

8

Sept-26-

Age

10.2

Native of

Md

Education

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

John Brown

Mother's

Name

Mary Ellen Brown

Cause of

Primary

Diphtheria 8a

How long sick

2 days

Death

Immediate

Septicemia

Accident, Suicide, Homicide

Reported by

J. A. Simpkins, M.D.

Address

Germantown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Nettie Donaldson

Town

County

Died at

Halpome Montgomery

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8. Sept

2105

Age

3

Washington

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Walter Donaldson

Mother's

Name

Nettie Paulski

Cause of

Primary

Death

Immediate

Epilepsy 8a

How long sick

2 days

Accident, Suicide, Homicide

Reported by

E. E. Street M. D.

Address

Rockville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 20000



Name in Full

Certificate of Death

Name in Full *Hugh Donohoe*
 Died at *Wheaton* ^{Town} *Mintz* ^{County} *MARYLAND*
 Date 189*8* ^{Month} *Sept.* ^{Day} *28* ^Y *76* ^{M.} *md.* ^{D.} *md.* ^{Native of} *md.* ^{Occupation} *Stone mason*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Widower ☐ Number of children living *0*

Husband
 of
 Wife

X

Father's
 Name

Don't Know

Mother's
 Name

Don't Know

Cause of

Primary

Old age

14

How long sick

2 weeks

Death

Immediate

Hemiplegia

Accident ☒ Suicide ☐ Homicide ☐

Reported by

W. L. Lewis MD

Address

Kensington Md.


Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Certificate of Death

Died at ^{Town} *Beane* ^{County} *Montgomery* MARYLAND

Husband of 

Father's Name George Fletcher Mother's Name Caroline Fletcher

Cause of	Primary	<i>Improper feeding</i>	140	How long sick	<i>2 days</i>
Death	Immediate	<i>Congestive</i>			Accident, Suicide, Homicide

Reported by H. L. Kuo M.A.

Address *Bertranda Mountg. Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Name in Full: *Mary W Griffith*
 Died at: *Laytonville* ^{Town} *Montgomery* ^{County} MARYLAND
 Date 189 *8* ^{Month} *Sept.* ^{Day} *1* | Age *70* ^{Y.} *—* ^{M.} *—* ^{D.} | Native of *Lady* ^{Occupation}
~~Male~~ ^{White} ~~Marr~~ ^{Widow} ~~Divorced~~ ^{Number of children living} *3*
~~Female~~ ^{Colored} ~~Single~~ ^{Widower}
 Husband *Walter Griffith*
 Wife
 Father's Name
 Mother's Name

Cause of Death { Primary *Old age* | How long sick *6 dm*
 { Immediate *Dropsy* | ~~Accident, Suicide, Homicide~~
 Reported by *J C Brown*
 Address *Rock Hill Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full *Mary W. Holland*
 Town *Honover* County *Montgomery Co.* MARYLAND
 Died at *Honover*
 Date 189*8* *9-9* Month Day Y. M. D. Age *57* Native of *Maryland* Occupation *House Keeper*
Male *White* *Married* *Widow* *Married*
Female *Colored* *Single* *Widower* Number of children living *—*
 Husband *Amos J. Holland*
 Wife *Amos Welch* Mother's Name *Julia Welch*
 Cause of Death { Primary *Protruded lung* Immediate *Suicide* How long sick *5 years*
 Reported by *Roger Brooke* 1421
 Address *Sandy Spring* *Maryland*



Hader Raymond

Town

County

Johnson

Died at Near Newcastle Mill, Montgomery

MARYLAND

Date 1898 Sept. 1st Y. M. D. Native of @ Occupation
 Male Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband

of

Wife

Father's Joseph Johnson

Mother's X

Name Emma " "

Name

Johnson

Cause of

Primary

Tubercular meningitis

How long sick

3 days

Death

Immediate

Convulsions

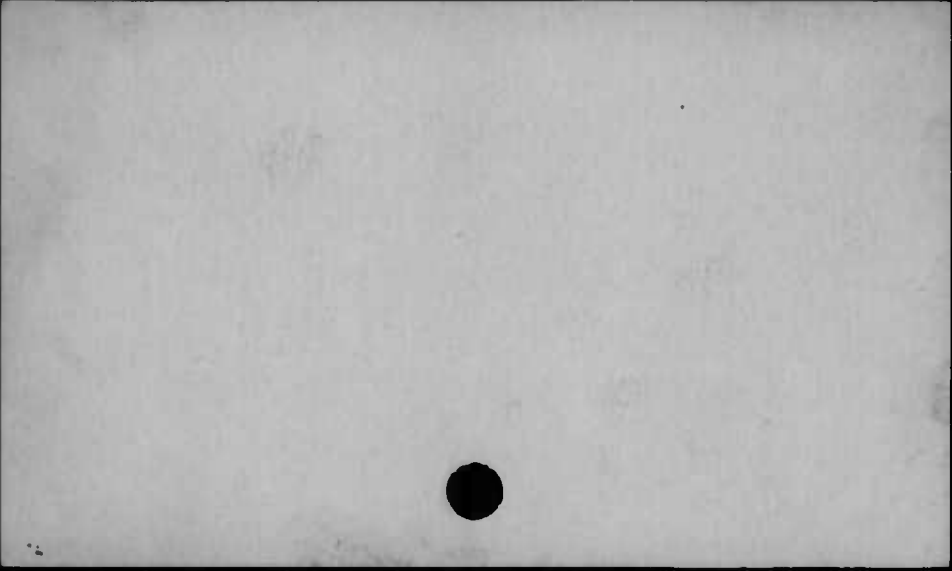
~~Accident, Suicide, Homicide~~

Reported by

W.R. Andrews, M.D.

Address

Racine



Thomas Lea

Town

County

Died at

Binkley

Montgomery Co

MARYLAND

Date 189

8

Month

Day

9 - 11

Age

Y.

M.

D.

27. 3 - 8

Native of

Maryland

Occupation

Machanic

Male

White

Married

~~Widow~~~~Other~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

4

Husband

of

Beula Addings Lea

Wife

Father's

Thomas Lea

Mother's

Name

Name

Delorah Lea

Cause of

Primary

Kidney & bladder

Death

Immediate

Pneumonia

100

How long sick

1 year

Accident ~~Suicide~~, Homicide

Reported by

Roger Brooke

Address

Dandy Spring

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles Metzger

Died at ^{Town} New Polesville.^{County} Washington

MARYLAND

Date 1898 ^{Month} Sept- ^{Day} 28Age ^{Y.} 50, ^{M.} 7, ^{D.} 10 ^{Native of} Md.^{Occupation} Farmer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

~~Number of children living~~Husband
of
Wife

Father's Name Mr Metzger

Mother's Name Harriett Metzger

Cause of { Primary Phthisis Pulmonalis

How long sick 8 months

Death { Immediate

22 a

Accident, Suicide, Homicide

Reported by

B. H. Walling

Address

Polesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Price

Died at *Rockersville* Town *Montgomery* County MARYLAND

Date 189*8* *Sept* Month *6* Day *10* Y *5* M *md* D. Native of *md* Occupation *—*

Male *White* ~~Marr~~ *Widow* ~~Divorced~~

~~Female~~ ~~Colored~~ *Single* *Widower* Number of children living *—*

Husband of *—*

Wife of *—*

Father's Name *Daniel Price* Mother's Name *Fanny A. Hall*

Cause of Death { Primary *Whooping Cough* How long sick *7*

Death { Immediate *Pneumonia* *7* Accident Suicide, Homicide

Reported by *J. H. Thomas*

Address *Rockersville* *Montgomery Co*



Name in Full

Certificate of Death

Rice

MARYLAND

Died at Barnesville Town Montgomery County

Date 189 8 Sept Month 29 Day Y thru M. D. Native of Ind Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband
of
Wife

Father's Name W Scott Rice Mother's Name Hannie Walter

Cause of Death { Primary Acute Indigestion How long sick

Death { Immediate Enterocolitis 82 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



James William Ricketts

Died at Potomac Town County Montgomery MARYLAND

Date 1898 8 Sept 14" Month Day Y. M. D. Age 50 Native of Montg Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~ Number of children living 4

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of Rose Collins

Father's Name Mother's Name

Cause of Death { Primary Typhoid Fever 1 How long sick 3 weeks

Immediate Intestinal hemorrhage Accident, Suicide, Homicide

Reported by W. J. Pratt M.D.

Address Potomac Maryland.



Name in Full

Certificate of Death

Mrs Lelia Thompson

Town

County

Died near Rockville, Montgomery

MARYLAND

Date 1898 Sept 3rd Age 36 Native of Maryland Occupation Housewife

Male Female White Colored Married Single Widower Divorced

Number of children living 4

Husband of George Thompson

Wife

Father's Name

Mother's Name

Cause of Death { Primary Immediate

How long sick 28 days

Accident, Suicide, Homicide

Reported by E E Stonestreet

Address Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 20000



Name in Full

Certificate of Death

Died at

Date 189

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

MARYLAND

Mother's

Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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1911

January 1st

Received of Mr. J. H. Smith

